

CDC Emerging Infection Program: Physician Survey

Thank you for participating in this survey of physicians. Your responses will help determine estimates of diarrheal disease in the United States. The survey will take approximately **FIVE MINUTES** to complete.

SECTION A Background information

1. What is today's date? (mo/day/yr) ____/____/____

2. Is your practice located in [sites to fill in catchment area]?

" yes **[continue questionnaire]**

" no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**

3. On average, are you involved in direct patient care at least 8 hours a week?

" yes **[continue questionnaire]**

" no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**

4. Which of the following describe(s) your practice? **[CHECK ALL THAT APPLY]**

" General Internal Medicine

" Subspecialty Internal Medicine (specify _____)

" General Pediatrics

" Subspecialty Pediatrics (specify _____)

" Family Practice

" Emergency Department practice

" Obstetrics/Gynecology

" Other (specify _____)

5. Are you currently an intern, resident, or fellow in a training program? " yes " no

6. What is the **PRIMARY** setting of your practice? **[CHECK ONLY ONE]**

" Outpatient private practice/fee for service " Outpatient HMO/Managed care

" Hospital-based " Other _____

7. In the past 12 months, have you seen **ANY** patients with an **acute diarrheal illness**? (For the purpose of this questionnaire, we define an acute diarrheal illness as ≥ 3 loose stools in a 24 hour period which had lasted < 7 days in duration before presentation).

" yes **[continue questionnaire]**

" no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**

8. Approximately what percentage of all the patients that you see in your practice are HIV-infected?.....%

9. Approximately what percentage of all the patients that you see are referred to you from another physician?.....%

10. In the past 7 days, approximately how many different **outpatients**, including ER patients, did you see?.....**outpatients**

Of those outpatients, how many had an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.)**outpatients**

Of those outpatients with an acute diarrheal illness, how many were subsequently hospitalized because of the acute diarrheal illness?.....**outpatients**

11. In the past 7 days, approximately how many different **inpatients** did you make rounds on or see as the primary provider or in consultation?.....**inpatients**

Of those inpatients, how many were hospitalized because of an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.).....**inpatients**

SECTION B Last patient with diarrhea

12. When did you see your most recent patient who had an acute diarrheal illness?

" 1 month ago " >1 to " 6 months ago " > 6 months to " 12 months ago

Physician ID # _____

Adult Patients 1 2 3

13. Regarding the last patient you saw with an acute diarrheal illness, please answer **YES, NO, or DON'T KNOW** for each question.

a. Was this patient referred to you from another health care provider specifically for the evaluation or treatment of this diarrheal illness?	" Yes	" No	" Don't know
b. Did this patient have a temperature >101 °F ?	" Yes	" No	" Don't know
c. Did this patient have bloody diarrhea ?	" Yes	" No	" Don't know
d. Did this patient have abdominal pain ?	" Yes	" No	" Don't know
e. Did this patient require intravenous rehydration ?	" Yes	" No	" Don't know
f. Did this patient have AIDS ?	" Yes	" No	" Don't know
g. Was this patient known to be part of an outbreak of diarrheal illness?	" Yes	" No	" Don't know
h. Was this patient in a developing country in the week before diarrhea onset?	" Yes	" No	" Don't know
i. Did this patient have any medical insurance , including Medicare or Medicaid?	" Yes	" No	" Don't know
j. Did this patient have diarrhea that lasted > 3 days ?	" Yes	" No	" Don't know
k. Did you refer this patient to another physician for the evaluation or treatment of this diarrheal illness?	" Yes	" No	" Don't know
l. Was this patient an outpatient ?	" Yes	" No	" Don't know
[IF YES] Was this patient subsequently hospitalized for this diarrheal illness?	" Yes	" No	" Don't know
m. Did you order a bacterial stool culture (other than <i>Clostridium difficile</i> testing) from this patient?	" Yes	" No	" Don't know

n. Did someone else order a bacterial stool culture (other than <i>Clostridium difficile</i> testing) from this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
o. [IF YOU ORDERED A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOU SAW WITH DIARRHEA] What was the MOST important factor in your decision to order a culture? [CHECK ONLY ONE] <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> Duration <input type="checkbox"/> Fever <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Dehydration </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> AIDS <input type="checkbox"/> Patient request <input type="checkbox"/> Travel <input type="checkbox"/> Outbreak associated </div> <input type="checkbox"/> Other (list) _____	
Was the culture positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know [IF YES] Which of the following organisms was isolated: <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>Campylobacter</i> <input type="checkbox"/> <i>E. coli</i> O157 <input type="checkbox"/> <i>Vibrio</i> </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> <i>Yersinia</i> <input type="checkbox"/> <i>Aeromonas</i> <input type="checkbox"/> <i>Plesiomonas</i> <input type="checkbox"/> Can't recall name of organism </div> <input type="checkbox"/> Other (list) _____	
p. [IF YOU DID NOT ORDER A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOU SAW WITH DIARRHEA] What was the MOST important factor in your decision NOT to order a culture? [CHECK ONLY ONE] <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> Culture previously ordered <input type="checkbox"/> No fever <input type="checkbox"/> No bloody diarrhea <input type="checkbox"/> No abdominal pain </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> No dehydration <input type="checkbox"/> Short duration <input type="checkbox"/> Patient refusal <input type="checkbox"/> Results would not alter treatment </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> Not outbreak related <input type="checkbox"/> No travel <input type="checkbox"/> Cost <input type="checkbox"/> Not likely to yield a pathogen </div> <input type="checkbox"/> Other (list) _____	

SECTION C Last patient you saw with bloody diarrhea

14. When did you see your most recent patient who had **bloody diarrhea**?

☐ 1 month ago ☐ >1 to 6 months ago ☐ > 6 months to ☐ 12 months ago ☐ >12 months ago

Did you order a bacterial stool culture on this patient? ☐ Yes ☐ No ☐ Don't know

[IF YES] Did you specifically ask the laboratory to culture for *E. coli* O157?

☐ Yes ☐ No, our lab routinely cultures for O157 ☐ No ☐ Don't know

SECTION D Bacterial stool cultures

15. When you order a routine bacterial stool culture, where is it tested ? **[CHECK ALL THAT APPLY- if you check more than one box, please indicate the approximate percentage for each]**

☐ lab in your office.....%

☐ local hospital lab(s) (name of hospital.....).....%

(name of hospital.....).....%

☐ independent lab(s) (name of lab.....).....%

(name of lab.....).....%

☐ other (specify.....).....%

☐ don't know

For the next question, please consider the laboratory to which you send **MOST** stools for bacterial culture.

16. When you order a routine bacterial stool culture, that is, you make no specific requests to the laboratory, which of the following bacterial pathogens do you think that laboratory **always** tests for? **Please answer YES, NO, or DON'T KNOW for each bacterial pathogen.**

<i>Salmonella</i>	" Yes	" No	" Don't know	<i>Campylobacter</i>	" Yes	" No	" Don't know
<i>Shigella</i>	" Yes	" No	" Don't know	<i>Vibrios</i>	" Yes	" No	" Don't know
<i>E. coli</i> O157	" Yes	" No	" Don't know	<i>Yersinia</i>	" Yes	" No	" Don't know
Other	" Yes	" No	" Don't know				

[IF YES to "Other", please list]_____

17. In the past 12 months, approximately how many bacterial stool cultures did you order?

" 0 " 1-2 " 3-5 " 6-10 " >10

SECTION E Scenarios

18. A previously healthy 30-year-old person presents to your office with a 3-day history of non-bloody diarrhea that is not improving. The patient has no other symptoms and no other significant history or physical findings.

Please answer YES, NO, or DON'T KNOW for each scenario.

Would YOU order a routine bacterial stool culture...	
a. on this patient?	" Yes " No " Don't know
b. if this patient was in a developing country in the week before diarrhea onset?	" Yes " No " Don't know
c. if this patient had a fever of 101° F and bloody diarrhea ?	" Yes " No " Don't know
d. if this patient had AIDS ?	" Yes " No " Don't know
e. if this patient had a fever of 101° F ?	" Yes " No " Don't know
f. if this patient had a 10 day history of non-bloody diarrhea with no fever ?	" Yes " No " Don't know
g. if this patient had bloody diarrhea but did not have fever ?	" Yes " No " Don't know

Thank you for completing this survey. Please return the survey in the enclosed envelope